

PROBATE COURT OF CLARK COUNTY, OHIO
Richard P. Carey, Judge

In the Matter of the GUARDIANSHIP of:

Case No. _____

Date: _____

GUARDIAN'S REPORT
(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, or _____, Guardian's Report.

2. Ward's present address:

City _____ State _____
Zip _____ Telephone (____) _____

3. Ward's living arrangements at the above address are best described as:

☐ a. His or her own apartment or home (includes assisted living facilities).

☐ b. Private home or apartment of:

☐ (1) the ward's guardian.

☐ (2) a relative of the ward, whose name is _____
relationship is _____

☐ (3) a non-relative whose name is _____

☐ c. A foster group or boarding home.

☐ d. A nursing home.

☐ e. A medical facility or state institution.

☐ f. Other (describe) _____

☐ g. If c, d, e, or f is checked, complete the following:

(1) The name of the home, facility or institution _____

(2) The name of an individual at the home, facility or institution who has knowledge and is
authorized to give information to the Court about the ward. _____

Name _____

Telephone Number (____) _____

4. The ward will be at the address given in Item 2:

☐ a. Indefinitely.

☐ b. Temporarily, the new address and telephone number is:

☐ (1) Unknown. I will provide this information when known.

☐ (2) City _____ State _____

ZIP _____ Telephone (____) _____

5. Guardian's contact with the ward:

- a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
- b. The nature of those contacts (phone, personal, or other): _____
- c. Date the ward was last seen by the guardian: _____

6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? ☐ Yes ☐ No

If "Yes" is checked, briefly describe the changes: _____

7. The care given to the ward is: ☐ Adequate ☐ Not Adequate

If "Not Adequate" is checked, explain: _____

8. The guardianship should be: ☐ Continued ☐ Not Continued

If "Not Continued" is checked, explain: _____

9. During the period covered by this report, the ward ☐ has ☐ has not been seen by a physician. If the ward has been seen, the last date was _____ and for the purposes of _____

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49 (A)(1)(I)] - (Form 17.1)

If an attorney has been consulted on this report:

Date: _____

Attorney's Signature

Typed or Printed Name

Address:

Phone Number (include area code)

Attorney Registration Number

Guardian's Signature

Typed or Printed Name

Address:

Phone Number (include area code)